

Plan Document Upload Naming Convention, Requirements, Retention and Frequency

All users of the Electronic Medicaid Waiver System (EMWS) shall use the Division's standardized naming convention for saving documents to a participant's file on the Electronic Medicaid Waiver System.

Documents will be named in the following manner:

1. PARTICIPANT: **LastName.FirstName**
2. DOC TITLE ABBREVIATED: (see list below)
3. DATE: YYYY.MM.DD (*This is the date the document is signed and dated by the participant not the date it is uploaded.*)

EXAMPLE (normal): Jones.George.CCS.2019.08.29 (separate with a period)

Exception: PROVIDER DUTIES SHEETS EXAMPLE - Insert the name of service provider
Jones.George.PDS.HomeStyleDirect.2019.08.29

DOCUMENT ABBREVIATION FOR NAMING CONVENTION	DOCUMENT NAME	FREQUENCY
DOCUMENTS THAT ARE UPLOADED TO THE PLAN / MOD DOCUMENTS		
PCS	Participant Choice of Service	Initial Plan and each renewal
PRR	Participant Rights and Responsibilities	Initial Plan and each renewal
SDCCCD	Participant Capability Document	Initial Plan and each renewal
SDCCA	Participant Agreement	Initial Plan and each renewal
SDCCP	Participant Profile	Initial Plan, each renewal and any time there is a change
PDS	Provider Duties Sheet	Initial Plan, each renewal and with each addition, removal and change of service
MTHEV	Monthly Evaluation	Monthly
CPVDR	Participant Choice of Provider	Initial Plan, each renewal and any time there is a change
CL	Clinical notes	As necessary (these can be typed directly into the Plan of Care Notes if desired)
PCAN	Personal Care Assistant Notes	Each time a PCA completes a note
CC	Case Conference	After each Case Conference (Minimum one (1) per plan)
NS	Nurse Supervision	Each time the nurse completes the supervision
FMS CHANGE	FMS Change Notification	Case Manager or Case Management Agency, Modification Decrease or Termination
FMS APPROVAL	Document from FMS provider for Direct Service Worker	Initial Plan

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DOCUMENT ABBREVIATION FOR NAMING CONVENTION	DOCUMENT NAME	FREQUENCY
DOCUMENTS THAT ARE UPLOADED TO THE PLAN / MOD DOCUMENTS		
SN APPROVAL	Skilled Nursing Approval Form Comagine	Initial Plan, provider change and each renewal
DOCUMENTS THAT ARE UPLOADED TO THE DOCUMENT LIBRARY		
MAD	Medical Advanced Directive Documentation	If Participant has
AUTHREP	Authorized Representative	If Participant has
POA	Power of Attorney	If Participant has
GUARD	Guardianship Papers	If Participant has
ROI	Release of Information	If Participant has
30D	30 Day Termination letter	When the provider sends the participant a 30 day notice of termination of services and need to locate new case manager/care coordinator
WAIVER LINK NOTES		
	All other notes related to the case not plan specific	As necessary
WAIVER MOD NOTES		
	Documentation on <1800	All plans over 1800
	Notes on Modification	All Modifications
	All other notes related to the plan	As necessary

DOCUMENTS THAT ARE UPLOADED BY STATE OFFICE ONLY		
PGMAPP	Program Application	As necessary
APPNOTES	Case notes with application if additional information was needed during process.	As necessary
SDCARP. APPROVAL or Denial	SDC Authorized Representative Packet Approval or Denial	As necessary
CHCCCM	Change of CM/CC Agency	When the participant changes a case manager or care coordinator agency